PAGE 1 / 51

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Author	izea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
WOMEN SPEAK OUT	PAC		
ADDRESS (number and street)	1200 NEW HAMPSHIRE AVE N	w	
▼	SUITE 750		
Check if different than previously reported. (ACC)	WASHINGTON		DC 20036 -
2. FEC IDENTIFICATION NU	JMBER ▼ CITY ▲		STATE ▲ ZIP CODE ▲
C C00530766	3. IS TH		AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 20 ((M2) May 20 (M5	(Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 ((Non-Election Year Only)
April 15 Quarterly Report (0	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (C	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (C		Convention (12C)	Special (12S)
January 31 Year-End Report (Y	(E) Election on	11 08	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	in the State of
5. Covering Period 10		through 10	19 / 2016
I certify that I have examined the Type or Print Name of Treasure	nis Report and to the best of my Buchanan, Emily, , ,	knowledge and belief it is t	rue, correct and complete.
Type 5. Than Hame of Houselle			
Signature of Treasurer	anan, Emily, , ,	[Electronically Filed]	Date 10 / 27 / 2016
NOTE: Submission of false, erron	eous, or incomplete information ma	ay subject the person signing	this Report to the penalties of 52 U.S.C. § 3010
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

•	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Writ	te or Type Committee Name		5
W	OMEN SPEAK OUT PAC		
Rep	port Covering the Period: From:	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 10 / 19 / 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		496911.89
(b) Cash on Hand at Beginning of Reporting Period	666832.81	
(c) Total Receipts (from Line 19)	260111.02	1142892.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	926943.83	1639804.49
7. T	Total Disbursements (from Line 31)	520045.72	1232906.38
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	406898.11	406898.11
tl	Debts and Obligations Owed TO he Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
tl	Debts and Obligations Owed BY he Committee (Itemize all on Schedule C and/or Schedule D)	34024.16	
	This committee has qualified as a multion	candidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From:	01 2016	To: 10 19 2016
I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	260000.00	1114282.43
(i) Normzou (dos osnodale / lymmini		
(ii) Unitemized	111.02	17966.44
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	260111.02	1132248.87
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	4 4	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	260111.02	1132248.87
Transfers From Affiliated/Other	4 4	4 4
Party Committees	0.00	0.00
	75 1 75 1	4 4 4
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	4 4	4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	10643.73
Refunds of Contributions Made	7 7 7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(moni ochedule 110)	0.00	0.00
(b) Levin Funda (from Cabadula IIF)	0.00	0.00
(b) Levin Funds (from Schedule H5)	45 45	4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(6) 1014: 114:10:00 (444:10(4) 4:14:10(5)).	7 7 7	4 4
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	260111.02	1142892.60
, -, -, -, -, -,,,,,,	4 20011102	
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	260111.02	1142892.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Carolinal Toul to Pate
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	125984.29	479527.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	125984.29	479527.28
Transfers to Affiliated/Other Party	120004.20	110021120
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	20100110	
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	394061.43	753379.10
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		1 1 4 1 1 4 1 1 4
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20	0))	
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	200	2.22
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	520045.72	1232906.38
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	500045 70	
HOITI LITTE OT/	520045.72	1232906.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	260111.02	1132248.87
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	260111.02	1132248.87
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	125984.29	479527.28
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	10643.73
8. Net Operating Expenditures (subtract Line 37 from Line 36)	125984.29	468883.55

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 (check only one) **X** 11a 11b 11c

51 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Birkenstock, Veronica, T.,, Date of Receipt Mailing Address 12300 Winding Hollow Lane 18 2016 City Zip Code State Transaction ID: SA11AI.6740 TX 75033 Frisco Amount of Each Receipt this Period FEC ID number of contributing C 10000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Practical Employee Solutions** President Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 10000.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Susan B Anthony List, Inc. Date of Receipt Mailing Address 1200 New Hampshire Ave NW 10 13 2016 Ste 750 City State Zip Code Transaction ID: SA11AI.6741 DC Washington 20036 Amount of Each Receipt this Period FEC ID number of contributing 250000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 491682.43 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260000.00 SUBTOTAL of Receipts This Page (optional)..... 260000.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)			FOR LINE	OR LINE NUMBER: PAGE 7 C					
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	I `	ck only one)					
		Summary Page	216		23 28c	26 27 29 30b			
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or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
WOMEN SPEAK OUT PAC									
Full Name (Last, First, Middle Initial)									
A. All Seasons Strategies, LLC				Date of I	Disbursemen	t			
Mailing Address P.O. Box 3521				10	05	2016			
City	State	Zip Code		FEC Ider	tification Nu	ımher			
Spokane	WA	99202			itilloation 14a				
Purpose of Disbursement Expense Reimbursement				C					
Candidate Name			لبسيا	1		SB21B.6711			
Canadato Hame			Category/ Type	Amount	of Each Dist	oursement this Period			
Office Sought: House Disburse	ement For:		71: -	1 []		2394.65			
Senate	Primary	General				, , , , , , , , , , , , , , , , , , , ,			
State: District:	Other (spe	ecify) 🔻		Mem	o Item				
Full Name (Last, First, Middle Initial)									
B. All Seasons Strategies, LLC				Date of [Disbursemen	t			
7 til Ocasorio Otratogico, EEO				M = M	/ D D	/ Y T Y T Y T Y			
Mailing Address P.O. Box 3521				10	17	2016			
City	State	Zip Code		FEC Ider	tification Nu	ımber			
Spokane Purpose of Disbursement	WA	99202		C					
Travel					nation ID :	SB21B.6755			
Candidate Name			Category/	1		oursement this Period			
Office Country		ment For:			6054.50				
Office Sought: House Disburse Senate	Primary								
President	Other (spe			П.,					
State: District:	, ,			Mem	o Item				
Full Name (Last, First, Middle Initial)									
C. Ashley, Michelle, , ,				Date of I	Disbursemen				
Mailing Address 1200 New Hampshire Ave NW St	e 750			10	03	2016			
City	State	Zip Code		FE0.1:					
Washington	DC	20036		FEC Ider	tification Nu	imper			
Purpose of Disbursement Expense Reimbursement			· · · ·	C	anation ID	SD24D C740			
Candidate Name			Category/			SB21B.6710 pursement this Period			
Office Sought: House Disburse	ement For:		Туре			396.64			
Senate	Primary	General				7 1 4			
President	Other (spe	ecify) 🔻		Mem	o Item				
State: District:	_								
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SUBTOTAL of Disbursements This Page (optional).			······································		7	33 10.10			
TOTAL This Period (last page this line number only	/)								

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ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	·	k only one)						
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WOMEN SPEAK OUT PAC										
Full Name (Last, First, Middle Initial)				D-4	(D					
A. Ashley, Michelle, , ,				M	M .	isburse	D /	Y Y Y Y		
Mailing Address 1200 New Hampshire Ave NW St					0	1	8	2016		
City Washington	State DC	Zip Code 20036		FEG	Ident	tificatior	Numbe	r		
Purpose of Disbursement		20036			-	-				
Expense Reimbursement					_		ID 000	10.0705		
Candidate Name			Category	/ Am			ID: SB2 Disburse	1B.6725 ment this Peri	od	
			Type	, , ,						
Office Sought: House Disburse	ement For:					- I	1 45	391.96		
Senate	Primary	General								
State: District:	Other (spe	ecity) 🔻			Memo	Item				
Full Name (Last, First, Middle Initial)										
B. Authorize.net				Dat	e of D	isburse				
Mailing Address P.O. Box 947					10 03 7 2016					
City	State	Zip Code		FE	Ident	tification	n Numbe	r		
American Fork Purpose of Disbursement	UT	84003-0947			-	-				
Credit card processing fees										
Candidate Name		Category/ Type			Transaction ID: SB21B.6729 Amount of Each Disbursement this Period				od	
Office Sought: House Disburse	ment For:				187.37					
Senate	Primary					7 7 7				
President State: District:	Other (spe	ecify)			Memo	Item				
Full Name (Last, First, Middle Initial)										
C. Authorize.net					e of D	isburse		YYYY		
Mailing Address P.O. Box 947					0	0-	4	2016		
City	State	Zip Code		FF	Ident	tification	n Numbe	r		
American Fork Purpose of Disbursement	UT	84003-0947			J. J. 11					
Credit Card processing fees					Trans	action	ID : SB2	1B.6730		
Candidate Name			Category Type	/ Am	ount o	f Each	Disburse	ment this Peri	od	
	ement For:			\neg L		-		42.55		
Senate	Primary	General								
State: District:	Other (spe	eciry) 🔻			Memo	Item				
State. District.									_	
SUBTOTAL of Disbursements This Page (optional).						7		621.88		
TOTAL This Period (last page this line number only	<i>(</i>)								\Box	

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	NAME OF COMMITTEE (In Full)											
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_	Full Name (Last, First, Middle Initial)					5.						
A.	Blevio, Chrissy, , ,					Date o	t Disbu	urser			Y	V
	Mailing Address 1200 New Hampshire Ave NW Ste	e 750				10	J, ſ	18			2016	
	City	State DC	Zip Code			FEC Id	lentifica	ation	Numb	er		
	Washington Purpose of Disbursement	DC	20036								-	
	Expense Reimbursement			Г.	п.	C						
	Candidate Name			Catego	ory/				I D : SB Disburs		. 6719 nt this P	eriod
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	Office Sought: House Disburse	ment For:				L.					400.92	2
	Senate	Primary	General									
	State: President State:	Other (spe	ecity) 🔻			Me	emo Ite	em				
	Full Name (Last, First, Middle Initial)											
B.						Date o	f Disbu	urser	nent			
						M = M	/	D II	D /	Υ	Y Y	Υ
	Mailing Address 1445 McLaughlin Ave					10		06	;	<u></u>	2016	
	City	State	Zip Code			FEC ld	lentifica	ation	Numb	er		
	McLean Purpose of Disbursement	VA	22101				-	_	-	_	-	
	Wire fees				П.	C						
	Candidate Name		Category/ Type			Transaction ID: SB21B.6731 Amount of Each Disbursement this Period				eriod		
						120.00					-	
		ment For:									0	
	Senate	Primary	General									
	State: District:	Other (spe	ecity)			Me	emo Ite	em				
_	Full Name (Last, First, Middle Initial)											
C.	Chain Bridge Bank					Date o	f Disbu	urser	nent			
	Mailing Address 1445 McLaughlin Ave					10	′	14			2016	Y
	City	State	Zip Code									
	McLean	VA	22101			FEC Id	entifica	ation	Numb	er		
	Purpose of Disbursement Wire Fees					С						
	Candidate Name				الب				ID : SB			اماناما
				Catego Type		Amoun	t of Ea	acn I	JISDURS	seme	nt this P	rerioa
	Office Sought: House Disburse	ment For:		71-				_			200.0	0
	Senate	Primary	General				7					
	President	Other (spe	Other (specify) ▼			Memo Item						
_	State: District:											
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I T	OTAL This Period (last page this line number only	·)			🕟			_				

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 OI					
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\setminus	NAME OF COMMITTEE (In Full)								
	WOMEN SPEAK OUT PAC								
_	Full Name (Last, First, Middle Initial)				B (B)				
Α.					Date of Disbursement				
	Mailing Address 106 N Collins St	01-1-	7:- 0-4-		10 17 2016				
	City Plant City	State FL	Zip Code 33563		FEC Identification Number				
	Purpose of Disbursement		00000		C				
	Website editing				Transaction ID : SB21B.6734				
	Candidate Name			Category/	Amount of Each Disbursement this Period				
	Office Sought: House Diskurs	mont For		Туре	665.00				
	Office Sought: House Disburse Senate	ment For: Primary	General		000.00				
	President	Other (spec			Memo Item				
	State: District:				I Ivienio item				
_	Full Name (Last, First, Middle Initial)								
B.	Edson, Timothy, , ,				Date of Disbursement				
	Mailing Address 836 5th St NE				10 05 2016				
	,	State	Zip Code		FEC Identification Number				
	Washington Purpose of Disbursement	DC	20002						
	Expense Reimbursement				C				
	Candidate Name			Category/	Transaction ID: SB21B.6718 Amount of Each Disbursement this Period				
				Type					
		ment For:			3006.78				
	Senate President	Primary	General						
	State: District:	Other (spec	city)		Memo Item				
_	Full Name (Last, First, Middle Initial)								
C.	Escalante, Eileen, , ,				Date of Disbursement				
	Mailing Address 1200 New Hampshire Ave				10 03 2016				
	,	State	Zip Code		FEC Identification Number				
	Washington Purpose of Disbursement	DC	20036						
	Expense Reimbursement				C				
	Candidate Name			Category/ Type	Transaction ID: SB21B.6707 Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ment For:		1 3 P G	323.30				
	Senate	Primary	General		7 7 7				
	President	Other (spec	cify) ▼		Memo Item				
_	State: District:								
 s	UBTOTAL of Disbursements This Page (optional)				3995.08				
Ĕ					7 7 7				
Ιт	OTAL This Period (last page this line number only	·)							

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 11 C						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		ck only one)						
		Summary Page		3a 22 28b	23 28c	26 27 29 30b				
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NAME OF COMMITTEE (In Full)										
WOMEN SPEAK OUT PAC										
Full Name (Last, First, Middle Initial)				5.	5					
A. Fitzgerald, Tami, , ,				M = M	Disburse /	D / Y Y Y Y Y				
Mailing Address 1200 New Hampshire Ave NW St				10	05	2016				
City Washington	State DC	Zip Code 20036		FEC Ide	entification	n Number				
Purpose of Disbursement		20036								
Expense Reimbursement						ID 0004D 0747				
Candidate Name			Category/			ID: SB21B.6717 Disbursement this Period				
			Type	7	0. 200.					
Office Sought: House Disburse	ement For:					186.55				
Senate	Primary	General								
State: District:	Other (spe	ecity) 🔻		Me	no Item					
Full Name (Last, First, Middle Initial)										
B. Fitzgerald, Tami, , ,				Date of	Disburse	ment				
ritzgeraid, raini, , ,				M M	M = M / D = D / Y = Y = Y					
Mailing Address 1200 New Hampshire Ave NW S	te 750	e 750			10 18 2016					
City	State	Zip Code		FEC Ide	entification	n Number				
Washington Purpose of Disbursement	DC	20036								
Expense Reimbursement					Transaction ID : SB21B.6726 Amount of Each Disbursement this Period 652.37					
Candidate Name		Cotogony								
	Category/ Type			Amount						
Office Sought: House Disburse	ement For:									
Senate	Primary	General			,	,				
President State: District:	Other (spe	ecity)		Me	no Item					
Full Name (Last, First, Middle Initial)										
C. Greco, Grayson, , ,					Disburse	_				
Mailing Address 1200 New Hampshire Ave NW St	e 750			10	05					
City	State	Zip Code		EEC Id	entification	n Number				
Washington	DC	20036			oatioi					
Purpose of Disbursement Expense Reimbursement					C Transaction ID : SB21B.6713					
Candidate Name			Category/ Type	Amount	Amount of Each Disbursement this Period					
Office Sought: House Disburse	ement For:					180.19				
Senate	Primary	General			,	,				
President	Other (spe	ecify) 🔻		Me	mo Item					
State: District:										
SUBTOTAL of Disbursements This Page (optional).			·····•			1019.11				
TOTAL This Period (last page this line number only	<i>(</i>)									

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SCHEDULE B (FEC Form 3X)	lles :::	wata ach adula (a)	FOR LINE	PAGE 12 OF 51		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check onl	· — · –		
		Summary Page	X 21b 28a	22 28b	23 28c	26 27 29 30b
Any information copied from such Reports and Staten	l nente may r	not he sold or use				
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
WOMEN SPEAK OUT PAC						
Full Name (Last, First, Middle Initial)				Date of I	Disburseme	nt
A. Greco, Grayson, , ,				Date of L	/ D D	/ Y Y Y Y Y
Mailing Address 1200 New Hampshire Ave NW Ste	750			10	18	2016
,	State	Zip Code		FEC Ider	tification N	umber
Washington Purpose of Disbursement	DC	20036				
Expense Reimbursement				C		
Candidate Name			Category/			: SB21B.6720 bursement this Period
			Type			
Office Sought: House Disburser						424.34
Senate President	Primary Other (spec	General				
State: District:	Oniei (Shec	, iiy) ▼		Mem	o Item	
Full Name (Last, First, Middle Initial)						
B. Headway Workforce Solutions				Date of [Disburseme	nt
				M = M	/ D D	/ Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020		Tev s		10	19	2016
City Raleigh	State NC	Zip Code 27601		FEC Ider	tification N	umber
Purpose of Disbursement		21001		C		
Director Pay					saction ID	: SB21B.6758
Candidate Name			Category/			bursement this Period
Office Sought: House Dishurses	oont For		Туре			41769.22
Office Sought: House Disbursen Senate	nent For: Primary	General				41709.22
	Other (spec			П	a laa	
State: District:				Mem	o Item	
Full Name (Last, First, Middle Initial)						
C. Headway Workforce Solutions				Date of D	Disburseme	
Mailing Address 421 Fayetteville St #1020				10	19	2016
aming Addition 4211 ayourville of #1020					10	
,	State	Zip Code		FEC Ider	tification N	umber
Raleigh Purpose of Disbursement	NC	27601				
Headway Fees						
Candidate Name			Category/			: SB21B.6759 bursement this Period
			Type			22.25
Office Sought: House Disburser						61872.92
Senate President	Primary Other (spec	General				
State: District:	Other (spec	Ziiy) ▼		Mem	o Item	
SUBTOTAL of Disbursements This Page (optional)					-	104066.48
			-			
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SCHEDULE B (FEC Form 3X)						E 13 OF 51			
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the		heck only one) X 21b 22 23 26 27					
		d Summary Page	211		23 28c	26	27 30b		
Any information copied from such Reports and Sta	tements may	/ not be sold or use							
or for commercial purposes, other than using the n									
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC									
Full Name (Last, First, Middle Initial)									
A. Hollar, Jeremy, , ,				M = M	Disburse	D / Y	1 Y 1 Y 1 Y		
Mailing Address 1200 New Hampshire Ave NW Ste 750	04-4-	7:- 01-		10	0.5		2016		
City Washington	State DC	Zip Code 20036		FEC Ide	ntification	Number			
Purpose of Disbursement Expense Reimbursement			· · · ·	C	castion	ID : SB21	D 6745		
Candidate Name			Category/ Type			_	nent this Period		
Senate	Primary	General]	7	7	348.40		
State: President	Other (sp	echy) T		Men	no Item				
Full Name (Last, First, Middle Initial)									
B. Hollar, Jeremy, , ,				Date of	Disburse		YYY		
Mailing Address 1200 New Hampshire Ave NW Ste 750	T-				10 18 2016				
City Washington	State DC	Zip Code 20036	FEC Identification Number						
Purpose of Disbursement Expense Reimbursement		Category/ Type ment For: Primary General Other (specify)			Transaction ID: SB21B.6722 Amount of Each Disbursement this Period 465.27				
Candidate Name									
Office Sought: House Disburs Senate	sement For:								
State: President District:	Other (sp				Memo Item				
Full Name (Last, First, Middle Initial) C. i360				Date of	Disburse	ment			
Mailing Address P.O. Box 37046				10	14		2016		
City	State	Zip Code		FFC Ide	ntification	Number			
Baltimore Purpose of Disbursement	MD	21297-3046		1.7					
Subscription Candidate Name						ID : SB21			
- 3.13.0010			Category/ Type	Amount	or ⊨ach	uspursem	ent this Period		
Senate	Primary	General]	7	7	1900.00		
State: President	President Other (specify) ▼ Memo Item								
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SCHEDULE B (FEC Form 3X)	llaa	ovoto cabactula ()	FOR LINE NUMBER: PAGE 14						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(Onlook on	(check only one)] oc			
		Summary Page	X 21b 28a		23 28c	26 27 29 30b			
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or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
WOMEN SPEAK OUT PAC									
Full Name (Last, First, Middle Initial)				Data of F	isburseme	nt .			
A. Intuit				Date of L	/ D D	nt			
Mailing Address 2700 Coast Ave	10	03	2016						
City	State	Zip Code		FEC Iden	tification N	umber			
Mountain View Purpose of Disbursement	CA	94043							
Credit Card processing fees				C	nation ID	- SB24B 6707			
Candidate Name			Category/			: SB21B.6727 bursement this Period			
Office Country			Type						
Office Sought: House Disburse Senate	ement For: Primary	General			7	15.95			
President	Other (spe			□ Maiii	ltom				
State: District:				Memo	ltem .				
Full Name (Last, First, Middle Initial)									
B. Kirkman, Jason, , ,				Date of D	isburseme	nt / Y Y Y Y Y Y Y Y			
Mailing Address 1200 NEw Hampshire Ave Ste 750	10	05	2016						
City Washington	State DC	Zip Code 20036		FEC Iden	tification N	umber			
Purpose of Disbursement		20000		C					
Expense Reimbursement					Transaction ID : SB21B.6714				
Candidate Name			Category/ Type	Amount of Each Disbursement this Perio					
	ement For:					306.08			
Senate President	Primary	General							
State: District:	Other (spe	ony)		Memo	ltem .				
Full Name (Last, First, Middle Initial)									
C. Kirkman, Jason, , ,				Date of D	isburseme	nt			
Moiling Address 4000 NEW Househing A				10	/ D D D	2016			
Mailing Address 1200 NEw Hampshire Ave Ste 750				10	18	2010			
City	State	Zip Code		FEC Iden	tification N	umber			
Washington Purpose of Disbursement	DC	20036		C					
Expense Reimbursement									
Candidate Name			Category/ Type			: SB21B.6721 bursement this Period			
Office Sought: House Disburse	ement For:		.,,,,			465.27			
Senate	Primary	General				- ph - Ab -			
President	Other (spe	ecify) ▼		Memo	ltem				
State: District:									
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SCHEDULE B (FEC Form 3X)			I OIT EINE NOMBEIT.				iE 15 OF 51	
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(check c					
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NAME OF COMMITTEE (In Full)								
WOMEN SPEAK OUT PAC								
Full Name (Last, First, Middle Initial)								
A. Love, Julie, , ,				Date of	Disburse		YYYY	
Mailing Address 1200 New Hampshire Ave NW S	te 750			10	03	3	2016	
City	State	Zip Code		FEC Ide	ntification	Number		
washington Purpose of Disbursement	DC	20036					-	
Expense Reimbursement								
Candidate Name			Category/			ID : SB218	B.6708 ent this Period	
			Type	Amount	OI Eacii	Disbuiseili	ent this Period	
Office Sought: House Disburs	ement For:	I		٦l	-		335.28	
Senate	Primary	General			,			
State: President State:	Other (sp	ecify) \blacktriangledown		Mer	no Item			
Full Name (Last, First, Middle Initial)								
B. Love, Julie, , ,				Date of	Disburse	ment		
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City	State	Zip Code		FEC Ide	entification	Number		
washington Purpose of Disbursement	DC	20036		C				
Expense Reimbursement								
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Office Sought: House Disburs	ement For:				7	- 45	334.73	
Senate	Primary	General						
President State: District:	Other (sp	есіту)		Mer	no Item			
Full Name (Last, First, Middle Initial)								
C. Miller, Desiree, , ,				Date of	Disburse		Y Y Y Y	
Mailing Address 1200 New Hampshire Ave, NW Suite 750				10	0		2016	
City	State	Zip Code		FFC Ide	entification	Number		
Washington	DC	20036			Titill Gation	- Trainison		
Purpose of Disbursement Expense Reimbursement				C	nsaction	ID : SB21I	B 6712	
Candidate Name			Category/			_	ent this Period	
Office Sought: House Disburs	ement For:		Type	- 1			131.29	
Senate	Primary	General					45	
President	Other (sp	ecify) 🔻		Mer	no Item			
State: District:								
SUBTOTAL of Disbursements This Page (optional)							801.30	
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10				16 OF 51			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (check onlean for each category of the			¬ ₀₀ ┌─] oo [□ 07			
	Detailed Summary Page 21b				23 28c	26	27 30b			
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NAME OF COMMITTEE (In Full)										
WOMEN SPEAK OUT PAC										
Full Name (Last, First, Middle Initial)				D-4 (F	· · · · · · · · · · · · · · · · · · ·					
A. Parker, Mary, , ,				M M)isburseme	/ Y	Y Y Y Y			
Mailing Address 1200 New Hampshire Ave NW S	te 750			10	03	2	2016			
City Washington	State DC	Zip Code 20036		FEC Iden	tification N	umber				
Purpose of Disbursement				C						
Expense Reimbursement			l l		saction ID	· SB21B 6	5709			
Candidate Name			Category/			-	nt this Period			
Office Sought: House Disburs	ement For:		Туре				736.38			
Senate	Primary	General			7	7	40			
President	Other (spe	ecify) 🔻		Memo	o Item					
State: District:										
Full Name (Last, First, Middle Initial)				Date of F)isburseme	nt				
B. Parker, Mary, , ,				Date of L	/ D D		Y			
Mailing Address 1200 New Hampshire Ave NW S	10	18		2016						
City	State	Zip Code		FEC Iden	tification N	umber				
Washington Purpose of Disbursement	DC	20036					-			
Expense Reimbursement						C Towns of the ID ODDAD 0704				
Candidate Name	Candidate Name Category/				Transaction ID : SB21B.6724 Amount of Each Disbursement this Period					
			Type		017.24					
Office Sought: House Disburs Senate	ement For:	Gonoral				_	917.24			
President	Other (spe	General								
State: District:] (-)-	,,		Memo	o Item					
Full Name (Last, First, Middle Initial)										
C. Paychex					isburseme		YYY			
Mailing Address 3060 Williams Dr				10	03		2016			
#200 City	State	Zip Code								
Fairfax	VA	22031		FEC Iden	tification N	umber	_			
Purpose of Disbursement payroll fees				C						
Candidate Name			Category/		saction ID of Each Dis	_	6728 It this Period			
Office Sought: House Disburs	ement For:		Туре				55.51			
Senate Disburs	Primary	General			7	7	33.31			
President	Other (spe			— Marin						
State: District:				Memo	o Item					
							1700 12			
SUBTOTAL of Disbursements This Page (optional)			·····•		7	7	1709.13			
TOTAL This Period (last page this line number only	v)									

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 17				17 OF 51	
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	nly one)	¬] 00 F	7 07		
		Summary Page	X 21 28		23 28c	26 29	27 30b	
Any information copied from such Reports and State	mente may	not be sold or use						
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
│								
Full Name (Last, First, Middle Initial)								
A. Williams, Petrina, , ,				Date of D	Disburseme	nt		
				M M	/ D D		Y I Y I Y	
Mailing Address 1200 New Hampshire Ave NW St	e 750			10	05		2016	
City	State	Zip Code		FEC. Iden	tification N	umher		
Washington	DC	20036			amount iv	amboi	-	
Purpose of Disbursement Expense Reimbursement				C				
Candidate Name			Category/		Transaction ID : SB21B.6716 Amount of Each Disbursement this Period			
			Type	Amount	n Lacii Dis	Durscriic		
	ement For:				703.63			
Senate President	Primary Other (spe	General		П				
State: District:] (op	· · · · · · · · · · · · · · · · · · ·		Mem	o Item			
Full Name (Last, First, Middle Initial)								
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Candidate Name			Category/	Amount o	of Each Dis	burseme	nt this Period	
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Senate	Primary	General				7		
President	Other (sp	ecify)		Mem	o Item			
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Turpose of Disbursement				C				
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Office Cought			Type					
Office Sought: House Disburse Senate	ement For: Primary	General			7	7	1 40 1	
President	Other (sp			Mom	o Item			
State: District:					o itelli			
CURTOTAL of Disharm and Till D							703.63	
SUBTOTAL of Disbursements This Page (optional)			······	-		7	7 00.00	
TOTAL This Period (last page this line number only	v)					1	125984.29	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 18 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

51

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			
A. Full Name (Last, First, Middle Initial) of Debtor Susan B Anthony List, Inc.	Nature of Debt (Purpose): Existing Loan owed to SBA		
Mailing Address 1200 New Hampshire Ave NW Ste 750			
City Washington	State DC	Zip Code 20036	
Outstanding Balance Beginning This Period	Transaction ID : SD10.4157		
10500.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	10500.00
B. Full Name (Last, First, Middle Initial) of Debtor of Susan B Anthony List, Inc.	or Creditor		Nature of Debt (Purpose): Loan for FEC Reporting Services
Mailing Address 1200 New Hampshire Ave NW Ste 750	Chaha	7in Code	
City Washington	State DC	Zip Code 20036	
Outstanding Balance Beginning This Period 5000.00			Transaction ID : SD10.4110
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	5000.00
C. Full Name (Last, First, Middle Initial) of Debtor Susan B Anthony List, Inc.	or Creditor		Nature of Debt (Purpose): Mailings Expense
Mailing Address 1200 New Hampshire Ave NW Ste 750			
City Washington	State DC	Zip Code 20036	
Outstanding Balance Beginning This Period 5204.43			Transaction ID : SD10.4318
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	-	0.00	5204.43
1) SUBTOTALS This Period This Page (optional)			20704.43
2) TOTALS This Period (last page this line number of	nly)	>	7 7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly) ▶	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ry Page (last page only) ▶	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 19
FOR LINE NUMBER: (check only one)

9 **X** 10

OF

51

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original transactions put on SBA CC Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Transaction ID: SD10.6625 Outstanding Balance Beginning This Period 8610.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8610.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Expense put on SBA CC Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.6756 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4709.73 4709.73 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 13319.73 1) SUBTOTALS This Period This Page (optional)..... 34024.16 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 34024.16 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

TEMIZED INDEFENDENT EXPENDITORES	•		PAGE 20 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC			C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on Man / Dab / Yayayay
Full Name of Payee Alaska Air		☐ Memo	M = M / D = D / Y = Y = Y
Mailing Address Po Box 68900			10 15 2016 Amount
City	State	Zin Codo	119.10
City Seattle	WA	Zip Code 98168	Transaction ID : SE.6679 Date of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/ estimate	17, reported	Category/ Type 002	M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District:
LEE, MIKE, , ,		Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7 1 7	119.10	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Alaska Air			10 15 2016
Mailing Address Po Box 68900			Amount
City	State	Zip Code	119.10
Seattle	WA	98168	Transaction ID : SE.6682 Date of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10 estimate	0/17, reported	Category/ Type 002	10 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sought: House District: 04
LOVE, MIA, , ,		Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7	6344.78	Disbursement For: Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		238.20
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•
(a) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•	·
Buchanan, Emily, , ,	[Electronically File	ed] Date	e 10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
American Airlines			[10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1101 17th NW #600			Amou	unt
City	State	Zip Code	$ \Gamma$	180.60
Washington	DC	20036	I	saction ID : SE.6704 of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/1	17	Category/ Type 002		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Soug	ht: House District:
LEE, MIKE, , ,		Oppose	Presid	dent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	<u></u>	14302.70	Disburseme	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
American Airlines				10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1101 17th NW			A	
#600			Amou	ant
City Washington	State	Zip Code 20036	Tran	180.60 saction ID : SE.6706
Purpose of Expenditure				of Disbursement or Obligation
Actual Airfare for canvassing deployment 10/15-10	/17	Category/ Type 002		10 15 7 2016
Name of Federal Candidate:		x Support	Office Soug	ht: X House District: 04
LOVE, MIA, , ,		Oppose	Presid	lent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		20528.37	Disburseme	_ , _
Tot Election for Since Godgitt	7 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [361.20
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	adl	M = M /	D D / Y T Y T Y T Y
Signature	<u> Басионісану Ги</u>	Date	10	27 2016

PAGE 22 OF 51 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee American Marketing & Publishing 10 05 2016 Mailing Address 7380 Sprout Springs Rd Amount Ste 210-248 City State Zip Code 0.00 Flowery Branch 30542 Transaction ID: SE.6502 GΑ Date of Disbursement or Obligation Purpose of Expenditure Category/ Door Hangers 006 10 05 2016 Type Name of Federal Candidate: Support Office Sought: House District: MURPHY, PATRICK E, , , FL Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 35217.40 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item American Marketing & Publishing 2016 05 10 Mailing Address 7380 Sprout Springs Rd Amount Ste 210-248 3081.25 City State Zip Code Flowery Branch Transaction ID: SE.6513 GΑ 30542 Date of Disbursement or Obligation Purpose of Expenditure Category/ Door Hangers-OH 006 05 2016 10 Type Name of Federal Candidate: Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 197913.50 2016 Per Election for Office Sought Other (specify) ▶ 3081.25 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 27 2016 Date Signature

PAGE 23 OF 51 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee American Marketing & Publishing 10 05 2016 Mailing Address 7380 Sprout Springs Rd Amount Ste 210-248 City State Zip Code 3081.25 Flowery Branch 30542 Transaction ID: SE.6515 GΑ Date of Disbursement or Obligation Purpose of Expenditure Category/ Door Hangers 006 10 05 2016 Type Name of Federal Candidate: Support Office Sought: House District: STRICKLAND, TED, , , OH Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 49558.03 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item American Marketing & Publishing 2016 05 10 Mailing Address 7380 Sprout Springs Rd Amount Ste 210-248 6805.38 City State Zip Code Flowery Branch Transaction ID: SE.6519 GΑ 30542 Date of Disbursement or Obligation Purpose of Expenditure Category/ **Door Hangers** 006 05 2016 10 Type Name of Federal Candidate: Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 204718.88 2016 Per Election for Office Sought Other (specify) ▶ 9886.63 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 27 2016 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		
Full Name of Payee American Marketing & Publishing		☐ Memo	TOTAL STATE	of Public Distribution/Dissemination
Mailing Address 7290 Serout Springs Rd			— L	10 05 2016
7380 Sprout Springs Rd Ste 210-248			Amou	unt
City	State	Zip Code	— Г	6805.38
Flowery Branch	GA	30542		saction ID : SE.6747 of Disbursement or Obligation
Purpose of Expenditure Door Hangers- Florida		Category/ Type 006		10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	ht: House District:
MURPHY, PATRICK E, , ,		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	42022.78	Disbursemen 2016	nt For:
Full Name of Payee		Memo	<u> </u>	of Public Distribution/Dissemination
American Marketing & Publishing			Г	10 14 2016
Mailing Address 7380 Sprout Springs Rd			A	
Ste 210-248			Amou	ant
City	State	Zip Code	Tran	3081.25 saction ID : SE.6553
Flowery Branch	GA	30542		of Disbursement or Obligation
Purpose of Expenditure Door Hangers- MO		Category/ Type 006		10 14 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	lent Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , , , , , , , , , , , , , , , , , ,	212163.86	Disbursemen 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures			· •	9886.63
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· •	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	[ed] _	M M /	27 2016
Signature		Date	10	27 2016

TEMIZED INDEPENDENT EXPENDITURE	S			PAGE 25 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
American Marketing & Publishing			[10 14 2016
Mailing Address 7380 Sprout Springs Rd			Amou	ınt
Ste 210-248				
City	State	Zip Code		3081.25
Flowery Branch	GA	30542		saction ID : SE.6555 of Disbursement or Obligation
Purpose of Expenditure Door Hangers- MO		Category/ Type 006	5	10 14 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
KANDER, JASON, , ,		X Oppose	Presid	MO
Calendar Year-To-Date Per Election for Office Sought		7444.98	Disburseme 2016	nt For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Campaign Graphics			_ I	M M / D D / Y Y Y Y
Mailing Address 1220 N. Wakanda Street				10 17 2016
1229 N. Wakonda Street			Amou	unt
City	State	Zip Code	$-\Gamma$	423.48
Flagstaff	AZ	86004		saction ID : SE.6672 of Disbursement or Obligation
Purpose of Expenditure T-Shirts		Category/ Type 006		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	lent Senate State:
Calendar Year-To-Date		050007.04	Disburseme	nt For: Primary 🗶 General
Per Election for Office Sought		250837.34	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur				3504.73
(a) SUBTOTAL of Unitemized Independent Expendi	tures		• •	. , . , , . ,
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Buchanan, Emily, , ,	[Flastronically E:1	lad1	M = M /	D D / Y T Y T Y T Y
Signature	[Electronically Fil	eaj Date	e 10	27 2016
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TEMIZE	D INDEPENDENT EXPENDITURES				PAGE 26 OF 51 FOR LINE 24 OF FORM 3X
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOM	EN SPEAK OUT PAC				C C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	lame of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
	mpaign Graphics				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailin	g Address 1229 N. Wakonda Street			Aı	mount
City		State	Zip Code		423.48
Flags	taff	AZ	86004		ransaction ID : SE.6673 ate of Disbursement or Obligation
Purpo T-Sh	ose of Expenditure nirts- MO		Category/ Type 006		10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate:		Support	Office So	ought: House District:
KANE	DER, JASON, , ,		X Oppose	Pr	esident State: MO
	Calendar Year-To-Date Per Election for Office Sought	7	45368.46	Disburse 2016	ment For: Primary X General Other (specify) ▶
Full N	lame of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Car	npaign Graphics				10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailin	g Address 1229 N. Wakonda Street			Aı	mount
City		State	Zip Code	<u> —</u> г	423.48
Flags	staff	AZ	86004		ransaction ID : SE.6674 ate of Disbursement or Obligation
	ose of Expenditure Shirts- FL		Category/ Type 006		10 17 2016
Name	of Federal Candidate:		Support	Office So	ought: House District:
CLIN	TON, HILLARY RODHAM, , ,		x Oppose	X Pro	esident Senate State:
	Calendar Year-To-Date Per Election for Office Sought	7 1 7	251260.82	Disburse 2016	ment For:
. ,	BTOTAL of Itemized Independent Expenditures BTOTAL of Unitemized Independent Expenditure			, r	846.96
(a) 301	STOTAL OF Officernized independent Expenditur	165			
(a) TO	TAL Independent Expenditures			•	
with, o	penalty of perjury I certify that the independer at the request or suggestion of, any candidatement the committee or its	ate or authorized			
Ви	schanan, Emily, , ,	[Electronically Fil	[ed]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sig	nature	-	Date	; 10	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 27 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Campaign Graphics			[10 17 2016
Mailing Address 1229 N. Wakonda Street			Amo	unt
City	State	Zip Code	$-\Gamma$	423.48
Flagstaff	AZ	86004		saction ID : SE.6675 of Disbursement or Obligation
Purpose of Expenditure T-Shirts- FL		Category/ Type 006		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
MURPHY, PATRICK E, , ,		x Oppose	Presid	dent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		43196.26	Disburseme	ent For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Delta Airlines			[M 10 / 15 / Y 2016
Mailing Address 1030 Delta Blvd			Amo	unt
City	State	Zip Code	-	1398.85
Atlanta	GA	30354		nsaction ID : SE.6684 of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/ estimate	17, reported	Category/ Type 002		10 / 15 / 2016
Name of Federal Candidate:		x Support	Office Soug	ht: House District:
LEE, MIKE, , ,		Oppose	Presid	dent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		1517.95	Disburseme	ont For:
(a) SUBTOTAL of Itemized Independent Expenditures.				1822.33
(a) CODITO THE OF HOME EAST OF				1022.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· • [
(a) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Buchanan, Emily, , ,	Electronically File	ed]	M M /	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 10	27 2016

TEMIZED INDEPENDENT EXPENDITURES	3			PAGE 28 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Delta Airlines				M M / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 1030 Delta Blvd			Amo	unt
City	State	Zip Code		1398.85
Atlanta	GA	30354		saction ID : SE.6686 of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10 estimate	/17, reported	Category/ Type 002		10 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Soug	ght: K House District: 04
LOVE, MIA, , ,		Oppose	Presi	dent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7 1 7	7743.63	Disburseme	ent For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Enterprise Rent a Car				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 843 State Street				10 10 2010
			Amo	unt
City	State	Zip Code		1626.07
Salt Lake City	UT	84111		nsaction ID : SE.6687 of Disbursement or Obligation
Purpose of Expenditure Rental cars for canvassing deployment 10/15-10/- reported as \$2000	17, originally	Category/ Type 002		10 / 15 / 2016
Name of Federal Candidate:		x Support	Office Soug	ght: House District:
LEE, MIKE, , ,		Oppose	Presi	dent Senate State: UT
Calendar Year-To-Date		3144.02	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7	0144.02	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure				3024.92
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres		·	7 7 7
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Buchanan, Emily, , ,	[Flastronia all., F21	lad1	M = M /	D D / Y T Y T Y
Signature	[Electronically Fil	eaj Date	10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 29 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Enterprise Rent a Car			[10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 843 State Street			Amou	unt
City	State	Zip Code	$-\Gamma$	1626.07
Salt Lake City	UT	84111		saction ID : SE.6689 of Disbursement or Obligation
Purpose of Expenditure Remtal cars for canvassing deployment 10/15-10/17 reported as 2000	7, originally	Category/ Type 002		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Soug	ht: K House District: 04
LOVE, MIA, , ,		Oppose	Presid	dent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7 1 7	9369.70	Disburseme 2016	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Hampton Inn			1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 North Andrews Ave				<u> </u>
			Amou	unt
City	State	Zip Code		750.00
Fort Lauderdale	FL	33301		of Disbursement or Obligation
Purpose of Expenditure Lodging 10/15-10/17		Category/ Type 002		10 15 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State:
Calendar Year-To-Date		212913.86	Disburseme	nt For: Primary Seneral
Per Election for Office Sought	7-1-1-7-	212010.00	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				2376.07
(a) SUBTOTAL of Unitemized Independent Expenditure	res		• •	
(a) TOTAL Independent Expenditures			•	.,,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led]	M = M /	D D / Y T Y T Y
Signature	_г 2леси описшиу Г и	_ Date	10	27 2016

TEMIZED INDEPENDENT EXPENDITORES				PAGE 30 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		"M / D "D / Y "Y "Y "Y
Full Name of Payee		Memo	Item Date of	of Public Distribution/Dissemination
Hampton Inn			M	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 North Andrews Ave			Amour	
City	State	Zip Code	$ \Gamma$	750.00
Fort Lauderdale	FL	33301		action ID : SE.6678 of Disbursement or Obligation
Purpose of Expenditure Lodging 10/15-10/17		Category/ Type 002	М	10 15 2016
Name of Federal Candidate:		Support	Office Sough	t: House District:
MURPHY, PATRICK E, , ,		x Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	42772.78	Disbursemen 2016 O	t For:
Full Name of Payee		☐ Memo	Item Date of	of Public Distribution/Dissemination
Headway Workforce Solutions			М	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amour	nt
0.11	10	7: 0 !		60402.20
City Raleigh	State	Zip Code 27601		60493.39 action ID : SE.6452
Purpose of Expenditure		0.11.0.0.01	Date o	of Disbursement or Obligation
Payroll Estimate for FL Canvassers 10/1-10/19		Category/ Type 002		10 01 2016
Name of Federal Candidate:		Support	Office Sough	t: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Preside	ent Senate State:
Calendar Year-To-Date		68971.25	Disbursemen	t For: Primary General
Per Election for Office Sought	7		0	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			.	61243.39
(a) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Buchanan, Emily, , ,	Electronically File	ed]	M = M /	27 2016
Signature		Date	10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 31 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee Headway Workforce Solutions		☐ Memo		of Public Distribution/Dissemination
Mailing Address 421 Fayetteville St #1020			Amou	10 01 2016
City	State	Zip Code	-	60493.39
Raleigh	NC	27601		action ID : SE.6454
Purpose of Expenditure Payroll Estimate for FL Canvassers 10/1-10/19		Category/ Type 002		of Disbursement or Obligation
Name of Federal Candidate:		Support	Office Sough	nt: House District:
MURPHY, PATRICK E, , ,		× Oppose	✗ Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	129464.64	Disbursemer	nt For: Primary X General wither (specify) ▶
Full Name of Payee		☐ Memo	1 _	of Public Distribution/Dissemination
Headway Workforce Solutions				10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amou	
City	State	Zip Code	— II.	4153.84
Raleigh	NC	27601		saction ID : SE.6456 of Disbursement or Obligation
Purpose of Expenditure Mileage Estimate for FL Canvassers 10/1-10/26, o reported \$7500 as an estimat	riginally	Category/ Type 002		10
Name of Federal Candidate:		Support	Office Sough	nt: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	133618.48	Disbursemer 2016	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	64647.23
(a) CUPTOTAL of Units arised by descending the form of the control				
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· ·	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	ed1	M = M /	D D / Y Y Y Y Y Y
Signature	Laconomicany I'll	_ Date	10	27 2016

TEMIZED INDEFENDENT EXPENDITORES				PAGE 32 OF 51		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X		
WOMEN SPEAK OUT PAC						
				C C00530766		
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination		
Headway Workforce Solutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 421 Fayetteville St #1020			Amo	unt		
City	State	Zip Code	-	4153.84		
Raleigh	NC 27601			Transaction ID : SE.6458 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage Estimate for FL Canvassers 10/1-10/26, orie reported \$7500 as an estimate	ginally	Category/ Type 002		10 01 / 2016		
Name of Federal Candidate:		Support	Office Soug	ght: House District:		
MURPHY, PATRICK E, , ,		X Oppose	Presi			
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	4153.84	Disburseme 2016	ent For: Primary		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination		
Headway Workforce Solutions				10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 421 Fayetteville St #1020			Amo	unt		
City	State	Zip Code		33920.95		
Raleigh	NC	27601		nsaction ID : SE.6464 e of Disbursement or Obligation		
Purpose of Expenditure Payroll estimate for Canvassers 10/1-10/296, origin \$69857.81 as an estimate	nally reported	Category/ Type 001		10 01 / 2016		
Name of Federal Candidate:		Support	Office Soug	ght: House District:		
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presi	dent Senate State:		
Calendar Year-To-Date		167539.43	Disburseme	ent For: Primary 🗶 General		
Per Election for Office Sought	7-1-1-7-	107000.40	2016	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			, F	38074.79		
(a) SUBTOTAL of Unitemized Independent Expenditure	'es		· L			
(a) TOTAL Independent Expenditures			• -			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		• •		
Buchanan, Emily, , ,	[Electronically File	led]	M = M /	27 2016		
Signature		Date	e 10	2010		

TEMIZED INDEPENDENT EXPENDITURES			PAGE 33 OF FOR LINE 24 OF FO	51 DRM 3X		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	BER ▼		
WOMEN SPEAK OUT PAC						
			C C00530766			
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	Y Y		
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemir	nation		
Headway Workforce Solutions)16		
Mailing Address 421 Fayetteville St #1020	Amount					
Cih	Ctata	Zin Codo	3392	0.05		
City	State	Zip Code 27601				
Raleigh	NC	27001		Date of Disbursement or Obligation		
Purpose of Expenditure Payroll estimate for Canvassers 10/1-10/296, origins \$69857.81 as an estimate	ally reported	Category/ Type 001)16		
Name of Federal Candidate:		Support	Office Sought: House District:			
ROSS, DEBORAH K, , ,		x Oppose	President Senate State:			
Calendar Year-To-Date			Disbursement For: Primary	General		
Per Election for Office Sought	7-1-1-7-	38074.79	2016 Other (specify) ▶			
Full Name of Payee		Memo		nation		
Headway Workforce Solutions						
Mailing Address)16				
Mailing Address 421 Fayetteville St #1020	Amount	Amount				
City	State	Zip Code	5890	6.94		
Raleigh NC 27601			Transaction ID : SE.6468			
Purpose of Expenditure	Date of Disbursement or Obligation	YY				
Mileage estimate for Canvassers 10/1-10/26, originally reported as \$9375 as an esimate Category/ Type 002 10 10 01 20						
Name of Federal Candidate:		Support	Office Sought: House District:			
CLINTON, HILLARY RODHAM, , ,		x Oppose	Y President Senate State:			
Calendar Year-To-Date		172426 27		General		
Per Election for Office Sought	7-1-1-5-	173436.37	2016 Other (specify) ▶			
·						
(a) SUBTOTAL of Itemized Independent Expenditures			> 39817.	89		
(a) SUBTOTAL of Unitemized Independent Expenditure	es		·			
(a) TOTAL Independent Expenditures						
			, ,			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
Buchanan, Emily, , ,	Electronically Fil	led1	M M / D D / Y Y Y Y Y			
Signature		_ Date	10 27 2016			

TEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
				O total
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions				10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amo	unt
City	State	Zip Code	$ \Gamma$	5896.94
Raleigh	NC	27601		saction ID : SE.6470
Purpose of Expenditure Mileage estimate for Canvassers 10/1-10/26, original as \$9375 as an esimate	ally reported	Category/ Type 002		of Disbursement or Obligation 10 01 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
ROSS, DEBORAH K, , ,		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		43971.73	Disburseme	ent For: Primary Seneral
Tel Election for Office Sought	7 7			Other (specify)
Full Name of Payee Headway Workforce Solutions		☐ Memo	Item Date	of Public Distribution/Dissemination
,			[10 01 2016
Mailing Address 421 Fayetteville St #1020			Amo	unt
City	State	Zip Code	$ \Gamma$	15520.20
Raleigh	NC	27601		nsaction ID : SE.6474 of Disbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/1-10/26, origina as 30843.75	ally estimated	Category/ Type 001		10 01 / 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State:
Calendar Year-To-Date		188956.57	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;			21417.14
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	ledl –	M M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 10	27 2016

TEMIZED INDEPENDENT EXPENDITUR	RES			PAGE 35 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				C IDENTIFICATION NUMBER ▼
				C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of P	ublic Distribution/Dissemination
Headway Workforce Solutions			10	01 / 2016
Mailing Address 421 Fayetteville St #1020			Amount	
City	State	Zip Code		0.00
Raleigh	NC	27601		on ID : SE.6475 isbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/1-10/19		Category/ Type 001	M = N	
Name of Federal Candidate:		Support	Office Sought:	House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	188956.57	Disbursement For 2016 Other	or: Primary X General
Full Name of Payee		☐ Memo	Item Date of P	ublic Distribution/Dissemination
Headway Workforce Solutions			10	01 / 2016
Mailing Address 421 Fayetteville St #1020				
·			Amount	
City	State	Zip Code		15520.20
Raleigh	NC	27601		ion ID : SE.6477 isbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/1-10/26, originally estimated as 30843.75 Category/ Type 001 10 01 01 20				
Name of Federal Candidate:		Support	Office Sought:	House District:
STRICKLAND, TED, , ,		Oppose	President	Senate State: OH
Calendar Year-To-Date		40601.10	Disbursement Fo	or: Primary Seneral
Per Election for Office Sought	7	10001110	2016 Other	(specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures		·	15520.20
(a) SUBTOTAL of Unitemized Independent Exper	nditures		•	7
(a) TOTAL Independent Expenditures			·	<u></u>
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cal party committee) any political party committee of	ndidate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1	M = M / D	D / Y Y Y Y Y
Signature	[Биси описину Ги	Date	10 2	2016

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee Headway Workforce Solutions 10 01 2016 Mailing Address 421 Fayetteville St #1020 Amount 1396.88 City State Zip Code NC 27601 Transaction ID: SE.6479 Raleigh Date of Disbursement or Obligation Purpose of Expenditure Category/ Mileage estimate for canvassers 10/1-10/19, originally reported 002 10 2016 Type as \$3750 as an estimate Name of Federal Candidate: Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose **x** President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 190353.45 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item **Headway Workforce Solutions** 01 2016 10 Mailing Address 421 Fayetteville St #1020 Amount 1396.88 City State Zip Code Transaction ID: SE.6481 Raleigh NC 27601 Date of Disbursement or Obligation Purpose of Expenditure Category/ Mileage estimate for canvassers 10/1-10/19, originally reported 002 2016 01 10 Type as \$3750 as an estimate Name of Federal Candidate: Support Office Sought: House District: STRICKLAND, TED, , , ОН X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 41997.98 2016 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 2793.76 (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 27 2016 Date Signature

PAGE

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OF

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 37 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y T Y T Y
Full Name of Payee Headway Workforce Solutions		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 421 Fayetteville St #1020			Ar	10 01 2016 mount
City	State	Zip Code	— г	392.50
Raleigh	NC	27601		ransaction ID : SE.6493
Purpose of Expenditure Payroll for canvassers 10/1-10/26, originally reporte 20133.51 as a projection	d as	Category/ Type 001		ate of Disbursement or Obligation 10 01 10 10 10 10 10 10 10 10 10 10 10
Name of Federal Candidate:		Support	Office So	ought: 🗶 House District:04
OWENS, H DOUGLAS, , ,		× Oppose	Pre	esident Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7	5741.28	Disburse 2016	ment For: Primary
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Headway Workforce Solutions				10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Ar	mount
City	State	Zip Code	— I	392.50
Raleigh	NC	27601		ransaction ID : SE.6495 ate of Disbursement or Obligation
Purpose of Expenditure Payroll for canvassers 10/1-10/26, originally report 20133.51 as a projection	ed as	Category/ Type 001		10 01 / 2016
Name of Federal Candidate:		✗ Support	Office So	ought: X House District: 04
LOVE, MIA, , ,		Oppose	Pre	esident Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	T T	6133.78	Disburse 2016	ment For:
			·	
(a) SUBTOTAL of Itemized Independent Expenditures			. •	785.00
(a) SUBTOTAL of Unitemized Independent Expenditure	res		• • _	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	ed1	M = M	/ D D / Y Y Y Y
Signature	omeany 1 ll	_ Date	e 10	27 2016

PAGE 38 OF 51 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee Headway Workforce Solutions 10 01 2016 Mailing Address 421 Fayetteville St #1020 Amount Zip Code 45.95 City State NC 27601 Transaction ID: SE.6497 Raleigh Date of Disbursement or Obligation Purpose of Expenditure Category/ Mileage for canvassers 10/1-10/26, originally reported as 002 10 2016 Type \$4687.50 as an estimate Name of Federal Candidate: 04**X** Support Office Sought: **X** House District: LOVE, MIA, , , UT Oppose President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 6179.73 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item **Headway Workforce Solutions** 01 2016 10 Mailing Address 421 Fayetteville St #1020 Amount 45.95 City State Zip Code Transaction ID: SE.6499 Raleigh NC 27601 Date of Disbursement or Obligation Purpose of Expenditure Category/ Mileage for canvassers 10/1-10/26, originally reported as 002 2016 10 Type \$4687.50 as an estimate Name of Federal Candidate: 04 Support Office Sought: **X** House District: OWENS, H DOUGLAS, , , UT X Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 6225.68 2016 Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 91.90 (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 10 27 2016 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 39 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Headway Workforce Solutions				10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			A	mount
City	State	Zip Code		4295.63
Raleigh	NC	27601		ransaction ID : SE.6530
Purpose of Expenditure Payroll estimate for canvassers 10/8-10/26		Category/ Type 001		ate of Disbursement or Obligation 10 08 2016
Name of Federal Candidate:			0111	
KANDER, JASON, , ,		Support Oppose	Office Se	esident Senate State: MO
Calendar Year-To-Date				ement For: Primary Seneral
Per Election for Office Sought		4295.63	2016	Other (specify)
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 421 Fayetteville St #1020				mauret
				mount
City	State	Zip Code		68.10 Fransaction ID : SE.6533
Raleigh	NC	27601	I .	ate of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for canvassers 10/8-10/10		Category/ Type 002		M 10 / D 08 / Y 2016
Name of Federal Candidate:		Support	Office S	ought: House District:
KANDER, JASON, , ,		x Oppose	Pr	esident Senate State: MO
Calendar Year-To-Date		4363.73	Disburse	ement For: Primary Seneral
Per Election for Office Sought	7 7		2010	Other (specify) ▶
			г	
(a) SUBTOTAL of Itemized Independent Expenditures	i		• •	4363.73
(a) SUBTOTAL of Unitemized Independent Expenditu	res			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
Buchanan, Emily, , ,	[Electronically Fil	led1 –	M = M	/ D D / Y Y Y Y
Signature		_ Date	e 10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions				10 09 7 2016
Mailing Address 421 Fayetteville St #1020			Amou	nt
City	State	Zip Code		0.00
Raleigh	NC	27601		saction ID : SE.6523
Purpose of Expenditure		Cotogony		of Disbursement or Obligation
Payroll estimate for canvassers		Category/ Type 001		10 09 2016
Name of Federal Candidate:		Support	Office Sough	nt: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	x Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	204718.88	Disbursemer 2016	nt For: Primary
Full Name of Payee		☐ Memo	1	of Public Distribution/Dissemination
Headway Workforce Solutions			1	10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020				10 00 20.0
12 7 4,516 7.115 67 7.1625			Amou	nt
City	State	Zip Code		0.00
Raleigh	NC	27601		saction ID : SE.6525 of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for canvassers		Category/ Type 002		10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	nt: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Preside	ent Senate State:
Calendar Year-To-Date		00.4740.00	Disbursemen	nt For: Primary Seneral
Per Election for Office Sought		204718.88	2016 C	Other (specify)
(a) CURTOTAL of Naminal Indonesia of Funancia				0.00
(a) SUBTOTAL of Itemized Independent Expenditures	•••••		•	0.00
(a) SUBTOTAL of Unitemized Independent Expenditur	res		. •	
(a) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically File	led1 .	M = M /	27 2016
Signature	· · · · · · · · · · · · · · · · · · ·	_ Date	e 10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 41 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
				O minu
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Headway Workforce Solutions				10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amo	ount
City	State	Zip Code		0.00
Raleigh	NC	27601		nsaction ID : SE.6542 e of Disbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/9-10/31		Category/ Type 001		10 09 2016
Name of Federal Candidate:		Support	Office Sou	ght: House District:
CLINTON, HILLARY RODHAM, , ,		✗ Oppose	x Pres	
Calendar Year-To-Date Per Election for Office Sought	7	204718.88	Disbursem 2016	ent For:
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020				<u>.</u>
			Amo	bunt
City	State	Zip Code		0.00
Raleigh	NC	27601	I	Insaction ID : SE.6544 e of Disbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/9-10/31		Category/ Type 001		10 09 7 2016
Name of Federal Candidate:		Support	Office Sou	ght: House District:
KANDER, JASON, , ,		x Oppose	Pres	ident Senate State: MO
Calendar Year-To-Date		4363.73	Disbursem	ent For: Primary Seneral
Per Election for Office Sought	7-1-1-7-	4505.75	2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	(0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		
Buchanan, Emily, , ,	[Electronically File	led1	M = M	/ D D / Y Y Y Y
Signature		_ Date	e 10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 42 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions			[M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amo	unt
City	State	Zip Code		4295.63
Raleigh	NC	27601		saction ID : SE.6546 of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for canvassers 10/9-10-26		Category/ Type 002		M M / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	x Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	209014.51	Disburseme	ent For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y
Mailing Address 424 Face wills St #4000				10 09 2016
421 Fayetteville St #1020			Amo	unt
City	State	Zip Code	-	0.00
Raleigh	NC	27601		nsaction ID : SE.6548 of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for canvassers 10/9-10-31		Category/ Type 002		M 10 / 09 / Y 2016
Name of Federal Candidate:		Support	Office Soug	ght: House District:
KANDER, JASON, , ,		x Oppose	Presid	dent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	A A	4363.73	Disburseme	ent For: Primary General Other (specify) ✓
	, ,			Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures			•	4295.63
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Buchanan, Emily, , ,	Electronically Fil	ed] Date	M = M /	27 2016
Signature		_ Date		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 43 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 421 Fayetteville St #1020			Amo	unt
City	State	Zip Code	-	68.10
Raleigh	NC	27601		saction ID : SE.6750 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type		10 09 / 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	x Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	209082.61	Disburseme	ent For: Primary
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Hilton Garden Inn				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3232 Olentangy Riover Rd				
			Amo	unt
City	State	Zip Code		3750.00
Columbus	ОН	43202		of Disbursement or Obligation
Purpose of Expenditure Lodging expenses for canvassers		Category/ Type 002		10 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State:
Calendar Year-To-Date		194832.25	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7	10.002.120	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				3818.10
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	led1	M = M /	D D / Y T Y T Y
Signature	лишу Ги	Date	10	27 2016

TEMIZED INDEPENDENT EXPENDITUR	RES			PAGE 44 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		A = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Hilton Garden Inn				10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3232 Olentangy Riover Rd			Amou	unt
City	State	Zip Code	$-\Gamma$	3750.00
Columbus	ОН	43202		saction ID : SE.6490 of Disbursement or Obligation
Purpose of Expenditure Travel Expenses		Category/ Type 002		M 10 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
STRICKLAND, TED, , ,		x Oppose	Presid	dent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 1 7	46476.78	Disburseme 2016	nt For:
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Orbitz			_ l r	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 500 W. Madison St				10 13 2010
Suite 1000			Amou	unt
City	State	Zip Code	—Г.	1217.20
Chicago	IL	60661		saction ID : SE.6691 of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/1 estimate	5-10/17, reported	Category/ Type 002		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Soug	ht: House District:
LEE, MIKE, , ,		Oppose	Presid	dent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		4361.22	Disburseme	
Tel Election for Office Sought	7 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expendit	ures		· [4967.20
(a) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7 1 7 1 1 7
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cal party committee) any political party committee of	ndidate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led]	M = M /	D D / Y Y Y Y Y Y
Signature	_[Биси описану Fu	eaj Date	10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 45 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		A = M / D = D / Y = Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Orbitz				10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 500 W. Madison St			Amou	unt
Suite 1000 City	State	Zip Code		1217.20
Chicago	IL	60661	I	saction ID : SE.6693
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/ estimate	17, reported	Category/ Type 002		of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Soug	ht: X House District: 04
LOVE, MIA, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	10586.90	Disburseme 2016	nt For:
Full Name of Payee		Memo		of Public Distribution/Dissemination
Priceline.com			l r	M M / D D / Y Y Y Y
Mailing Address			L	10 15 2016
800 Conneticut Ave			Amou	unt
City	State	Zip Code	-	4853.60
Norwalk	СТ	06854	I	saction ID : SE.6695 of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10 estimate)/17, reported	Category/ Type 002		10 15 2016
Name of Federal Candidate:		x Support	Office Soug	ht: House District:
LEE, MIKE, , ,		Oppose	Presid	dent Senate State: UT
Calendar Year-To-Date		9214.82	Disburseme	nt For: Primary 🗶 General
Per Election for Office Sought	T-1-T-	3214.02	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditure				6070.80
(a) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	adl	M = M /	D D / Y T Y T Y T Y
Signature	емесионисшиу Г и	Date	10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
				C 00030700
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Priceline.com				10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 800 Conneticut Ave			Amo	ount
City	State	Zip Code	— Г	4853.60
Norwalk	СТ	06854	I	nsaction ID : SE.6697
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/ estimate	17, reported	Category/ Type 002		e of Disbursement or Obligation 10 15 2016
Name of Federal Candidate:		✗ Support	Office Sou	ght: K House District: 04
LOVE, MIA, , ,		Oppose		ident Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7 1 7	15440.50	Disbursem 2016	ent For: Primary
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Southwest Airlines				10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2702 Love Field Dr				
			Amo	ount
City	State	Zip Code		372.97
Dallas	TX	75235		e of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10)/17	Category/ Type 002		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: K House District: 04
LOVE, MIA, , ,		Oppose	Pres	ident Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		20347.77	Disbursem	, .
Tel Elocion for Office Godgite	7 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	\$. [5226.57
(a) SUBTOTAL of Unitemized Independent Expenditu	res			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
Buchanan, Emily, , ,	[Electronically Fil	ledl	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 47 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
				O MANUEL
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Southwest Airlines				M M / D D / Y Y Y Y Y Y 1 Y 15 2016
Mailing Address 2702 Love Field Dr			Am	ount
City	State	Zip Code	— Г	372.97
Dallas	TX	75235	I	nsaction ID : SE.6703
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/	17	Category/ Type 002		e of Disbursement or Obligation 10 15 2016
Name of Federal Candidate:			000	
LEE, MIKE, , ,		Support Oppose	Office Sou	ıght: ☐ House District: ☐ UT
Calendar Year-To-Date			Disbursem	
Per Election for Office Sought	, ,	14122.10	2016	Other (specify)
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
The Lukens Company				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2800 Shirlington Rd			Λ m	ount
			AIII	ount
City	State	Zip Code		19689.08 ansaction ID : SE.6635
Arlington	VA	22206	I	e of Disbursement or Obligation
Purpose of Expenditure Mailer		Category/ Type 006		10 / 17 / 2016
Name of Federal Candidate:		Support	Office Sou	ught: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pres	sident Senate State:
Calendar Year-To-Date		250413.86	Disbursem	nent For: Primary General
Per Election for Office Sought	7 7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	20062.05
(a) SUBTOTAL of Unitemized Independent Expenditu	res			
(a) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1 –	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 48 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
				O mining
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
The Lukens Company				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2800 Shirlington Rd			Amo	ount
City	State	Zip Code	-	19689.08
Arlington	VA	22206		nsaction ID : SE.6637 e of Disbursement or Obligation
Purpose of Expenditure Mailer		Category/ Type 006		10 17 / 2016
Name of Federal Candidate:		Support	Office Sou	ght: House District:
KANDER, JASON, , ,		X Oppose		ident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		44944.98	Disbursem	,
,	7 7			Other (specify) ▶
Full Name of Payee The Mail Haus		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address				10 17 2016
1745 Suburban Drive			Amo	ount
City	State	Zip Code	-	17810.92
De Pere	WI	54115		insaction ID : SE.6628 e of Disbursement or Obligation
Purpose of Expenditure Postage for Mailer		Category/ Type 006		10 17 2016
N (5 1 10 51)		.,,,,		
Name of Federal Candidate:		Support	Office Sou	ght: House District:
CLINTON, HILLARY RODHAM, , ,		✗ Oppose	✗ Pres	
Calendar Year-To-Date Per Election for Office Sought		230724.78	Disburseme	
Tot Election for Since Coagnit	7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	;			37500.00
				7
(a) SUBTOTAL of Unitemized Independent Expenditu	res		· • [
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature		_ Date	e 10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 49 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee The Mail Haus		☐ Memo	Item Date	of Public Distribution/Dissemination
				10 17 2016
Mailing Address 1745 Suburban Drive			Amo	unt
City	State	Zip Code		17810.92
De Pere	WI	54115		saction ID : SE.6633 of Disbursement or Obligation
Purpose of Expenditure Postage for mailer		Category/ Type 006		10 17 2016
Name of Federal Candidate:		Support	Office Soug	ght: House District:
KANDER, JASON, , ,		× Oppose	Presi	MO.
Calendar Year-To-Date Per Election for Office Sought	7	25255.90	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	1	of Public Distribution/Dissemination
Thrifty Car Rental				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1534 Sunset Blvd				
			Amo	unt
City	State	Zip Code		728.80
Steubenville	ОН	43952		nsaction ID : SE.6483 of Disbursement or Obligation
Purpose of Expenditure Car rental expenses for canvassers, originally estir \$1875	nated for	Category/ Type 002		M 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presi	dent Senate State:
Calendar Year-To-Date		191082.25	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [18539.72
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· -	
(a) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Buchanan, Emily, , ,	Electronically Fil	edl -	M = M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	10	27 2016

TEMIZED INDEPENDENT EXPENDITURES	8			PAGE 50 OF 51		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X		
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼		
				C C00530766		
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report						
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination		
Thrifty Car Rental		10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1534 Sunset Blvd	Amo	ount				
City	State	Zip Code		728.80		
Steubenville	ОН	43952		Transaction ID : SE.6486 Date of Disbursement or Obligation		
Purpose of Expenditure Car rental expenses for canvassers, originally estir \$1875	sers, originally estimated for Category/ Type 002			10 01 / 2016		
Name of Federal Candidate:		Support	Office Sou	ght: House District:		
STRICKLAND, TED, , ,		X Oppose	Pres	dent State: OH		
Calendar Year-To-Date Per Election for Office Sought	7 1 7	42726.78	Disburseme 2016	ent For:		
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination		
Town Place Suites				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y		
Mailing Address 573 High Market Drive						
3			Amo	punt		
City	State	Zip Code		4534.31		
West Valley City	UT	84120	I	Transaction ID : SE.6698 Date of Disbursement or Obligation		
Purpose of Expenditure Actual Lodging for canvassing deployment 10/15- reported estimate	Category/ Type 002	02 10 15 7 2016				
Name of Federal Candidate:		✗ Support	Office Sou	ght: House District:		
LEE, MIKE, , ,	Oppose	Oppose President X Senate S				
Calendar Year-To-Date		13749.13	Disburseme	ent For: Primary X General		
Per Election for Office Sought	7 7	13743.13	2016	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditure (a) SUBTOTAL of Unitemized Independent Expenditure				5263.11		
,,				7		
(a) TOTAL Independent Expenditures			• •			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Buchanan, Emily, , ,	[Flastronia -II. P'	ladi	M = M			
Signature	[Electronically Fil	Date	e 10	27 2016		

TEMIZED INDEPENDENT EXPENDITURES	3			PAGE 51 OF 51		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X		
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼		
				C C00530766		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination		
Town Place Suites				10 15 7 2016		
Mailing Address 573 High Market Drive	Amou	nt				
City	State	Zip Code		4534.30		
West Valley City	UT	84120		saction ID : SE.6700 of Disbursement or Obligation		
Purpose of Expenditure Actual Lodging for canvassing deployment 10/15-1 reported estimate	0/17,	Category/ Type 002		10 15 2016		
Name of Federal Candidate:		X Support	Office Sough	nt: K House District: 04		
LOVE, MIA, , ,		Oppose	Preside	ent Senate State: UT		
Calendar Year-To-Date Per Election for Office Sought	, , ,	19974.80	Disbursemer 2016	nt For: Primary		
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination		
				/ M / D D / Y Y Y Y		
Mailing Address						
			Amou	nt		
City	State	Zip Code				
			Date	of Disbursement or Obligation		
Purpose of Expenditure	Category/ Type		/ = M / D = D / Y = Y = Y			
Name of Federal Candidate:		Support	Office Sough	nt: House District:		
		Oppose	Preside			
Calendar Year-To-Date			Disbursemer	nt For: Primary General		
Per Election for Office Sought	77		c	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	s		•	4534.30		
(a) SUBTOTAL of Unitemized Independent Expenditures						
(a) TOTAL Independent Expenditures			· [394061.43		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Buchanan, Emily, , ,	[Electronically Fil	led]	M = M /	D D / Y Y Y Y Y		
Signature	<u> гънсионисану Ги</u>	Date	10	27 2016		